



MAY 07 2019

April 30, 2019

So we may expedite your UR request,  
please attach copy of this letter with  
your documentation & return within  
24hours. Your prompt response is  
appreciated.

CLAIM #: 040519008736  
DOI: 02/15/2019

CLAIMANT: Jonathan Shockley  
CORVEL #: 139249073-UMO-4

INSURED: Biotelemetry, Inc.  
CARRIER/TPA: Chubb & Son (WC) - Los Angeles, CA /

ADJUSTER: Mario Castro  
RFA DATE: 04/26/2019

Dear Patrick O Lang, MD

We have been asked to provide utilization review of your recent request for certification of Hand Therapy x6. Additional information is necessary to reach a determination of the medical necessity of your request. Please submit reasonably necessary medical information as follows within 24 hours:

Please provide the most recent MD progress note with detailed subjective & objective exam findings that addresses the above request

**If we do not obtain the necessary information, this request will be non-certified by a physician reviewer. To expedite the review, you may fax directly to CorVel at (866) 448-4076.**

This notification is in compliance with Labor Code section 4610. Should the request be non-certified due to lack of information, the case will be reopened and reviewed when medical information is forwarded for review. If you have any questions or if we may be of further assistance, please contact CorVel at the number below.

Sincerely,

Wendy Judd, RN  
Utilization Management Department

cc: Office Copy

Mario Castro

Jonathan Shockley

Farber & Co



Church, Michele



**ELECTRONIC PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Washington; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action; my business address is 111 SW 5<sup>th</sup> Avenue, Suite 200, Portland, Oregon, 97204.

I am readily familiar with CorVel's practice for electronic service of correspondence that is maintained on CorVel's electronic database.

On April 30, 2019, the within letter(s) were served on the parties in said action, by sending a true copy thereof **electronically** (facsimile) on the following parties:

Patrick O Lang, MD  
Fax: (415) 359-1925

WENDY.JUDD@CHUBB.COM  
Email: WENDY.JUDD@CHUBB.COM

Executed on April 30, 2019, at Portland, Multnomah County, Oregon, 97204.

I, Linda Grant, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Linda A. Grant".

\_\_\_\_\_  
Signature

File: 139249073 Shockley



### PROOF OF SERVICE BY MAIL

I am a citizen of the United States and a resident of the County of Clark; I am employed by CorVel Corporation, am over the age of eighteen years and not a party to the within entitled action. My business address is 4120 SE International Way, Suite A108, Milwaukie, OR 97222. I am readily familiar with CorVel's practice for collection and processing of correspondence maintained on CorVel's electronic database for mailing with the U. S. Postal Service. Under such practice, correspondence that is printed for mail service would be put in a sealed envelope with postage thereon fully prepaid and placed for collection and mailing on the same date by depositing such with the U.S. postal service in the ordinary course of business.

On April 30, 2019, the within letter(s) were served on the parties in said action, by placing a true copy thereof enclosed in a sealed envelope, with postage thereon fully prepaid addressed as follows:

Farber & Co  
333 Hegenberger Road #504  
Oakland  
CA  
94621

Jonathan Shockley  
1000 Sutter St.  
San Francisco  
CA  
94109

Patrick O Lang, MD  
601 Van Ness Ave., #2018  
San Francisco  
CA  
94102

Executed on April 30, 2019 at Milwaukie, OR 97222.



I, Becca Guimont, declare under penalty of perjury, under the laws of the **STATE OF OREGON**, that the foregoing is true and correct.

A handwritten signature in black ink that reads "Becca Guimont".

\_\_\_\_\_  
Signature

File: 040519008736, Shockley Jonathan